

DUPLICATE

LICENSE, MMD or STCW



Attached are all the forms and information you will need to apply for a duplicate of your Merchant Marine license, either deck or engineer, Merchant Mariner's Document (MMD), or STCW if you hold one.

**U.S. Coast Guard Marine Safety Office
Regional Exam Center (REC) Charleston, SC**

196 Tradd Street, Charleston, SC 29401-1899

Office Hours

Monday – Friday: 7:30 AM – 4:00 PM (Closed all Federal Holidays)

Applications and supporting documents may be dropped off during normal business hours. Due to the current volume of work we are unable to process evaluations on-the-spot while you wait, but we will look over the paperwork to make sure everything is enclosed. Those mariners requiring oaths will be administered the oath when dropping off paperwork in person. Renewals of licenses and documents; requests for STCW certificates; and some endorsements, raise in grades, and original licenses not requiring examination are processed by mail. Mariners applying for original documents must appear in person for issuance of the document. Those mariners requiring an examination will be scheduled an appointment for testing after the processing of the paperwork is complete. To be fair to all mariners, applications and supporting documents, whether dropped off in person or received through the mail, are date stamped and processed in date order.

Phone Numbers

1(800) 826-1511 (NC, SC, GA, FL – 904 area code)

(843) 724-7693

Fax (843) 720-7725

Phone Hours

Monday, Tuesday, Thursday, and Friday

9:30 am – 12:00 p.m. and 1:30 p.m. to 3:00 p.m.

Wednesday

Phones are **not answered** on this day to allow evaluators
an entire day to work on backlog only.

Web Info

www.uscg.mil/stcw/

The e-mail address for the Regional Exam Center Chief
dmyers@msocharleston.uscg.mil

Directions

From Savannah - Take Highway 17 traveling North (Savannah Highway) to the Riverview Holiday Inn (located at the foot of the Ashley River bridges before you cross the bridge). Stay in the far right lane and cross the bridge leading into the city of Charleston. This will put you on Lockwood Blvd. Follow Lockwood past the city marina and Amoco Gas Station. After the sharp curve on Lockwood, which then turns into Broad Street, take the first street on the right, which is Chisolm St. Go to the first stop sign and take a right, which is Tradd Street. Go to the end of Tradd St. The Coast Guard Base Charleston is located on the right side. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Georgetown - Take Highway 17 traveling South over the Cooper River Bridge. After crossing the bridge, take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go through the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Columbia - Take I-26 to Charleston until it ends at Highway 17. Continue south on Hwy 17 and take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go thru the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

Finger Print Cards (For Original Applicants Only)

The fingerprint cards will be mailed to you upon completion of your initial evaluation process.

Oaths on the Application Form (For Original Applicants Only)

Coast Guard officials must administer oaths. **Notaries are not allowed.** Original applicants will be administered the oath at the REC if appearing in person. License applicants who are not required to appear in person (those not required to test) may have their oaths administered at a Coast Guard facility closest to them. Call the REC for information on the closest facility available. See the enclosed "Verification of Identification of Mariner and Witnessing of Oath" form for this purpose.

DUPLICATE CHECKLIST – License, MMD or STCW

- ☐ **Application Form (For ALL) (CG-719B)** - This form is required for ALL license/MMD/STCW transactions. The REC's backlog of applications varies from week-to-week. As such, the processing time for completion of your application may vary.
- ☐ **Attached Statement (For ALL)** – Attach a signed and dated statement explaining how, when, and where the credential(s) were lost/stolen and also your effort to recover them.
- ☐ **Camera Set-up Form (For MMD's Only)** - This form is required for all duplicate MMD applications. Include a recent (within 1 year) passport-sized photo, place your left thumbprint in the box indicated (use black ink), and sign your name in the center of the signature box using a medium to wide point black ink pen.
- ☐ **Photo (For MMD's and STCW's):** One recent passport-size photograph is required.
- ☐ **User Fees for Duplicates (For ALL)** – The user fees for duplicate documents are listed in the table below. Please ensure check or money order is payable to the U.S. Coast Guard and has your name, address, phone number, and social security number on it.

Application For	Evaluation	Examination	Issuance	Total
Duplicate License OR MMD			\$45.00	\$45.00
Duplicate License AND MMD			\$45.00 \$45.00	\$90.00
Duplicate Discharges			\$10.00	\$10.00
Duplicate STCW			No Fee	

Enclose with packet:

- **Application Form CG-719B**
- **Camera Setup Form**
- **Authorization for Credit Card Transactions**

Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

Section I - Personal Data

Name (Last, First, Middle) (Maiden Name if applicable)			Social Security Number
Date of Birth (Month, Day, Year) ____/____/____	Place of Birth (City, State, Country)		Country of Citizenship
Color of Eyes	Color of Hair	Height ____ft____in	Weight ____lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number (Area Code)	
		FAX Number	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number (Area Code)	
		Next of Kin's E-mail Address	

Parental or Guardian's Consent

☐ I am under 18 years old and a **notarized statement of parental/guardian consent is attached.**

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seafarer's Training, Certification & Watchkeeping (STCW Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Discharge					

*** If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

Current or Previous License/Merchant Mariner's Document History

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

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Section III - Narcotics, DWI/DUI, and Conviction Record

Yes (X)	No (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) (If yes, attach statement)
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? (If yes, attach statement)
		Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? Conviction means found guilty by judgement or by plea and includes cases of deferred adjudication (NOLO CONTENDERE, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding? Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error. (If yes, attach statement)
		Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? (If yes attach statement)
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? (If yes, attach statement)
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? (If yes, attach statement)
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? (If yes, attach statement)

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

X Signature of Applicant agreeing to the above statement

Date

Section IV – Character References (For Original License Applicants Only)

☐ **I am an Original License Applicant and have attached three letters of written recommendation.**

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Drivers Registry, through a designated State Department of Motor Vehicles, to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

X Signature of Applicant

Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. This is not a Reserve program nor does it guarantee call-up for employment. This authorization can be revoked at any time by contacting an U.S. Coast Guard Regional Examination Center (REC).

X Signature of Applicant

Date

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Section VI - Certification and Oath

Certification (Mandatory)

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

X

Signature of Applicant

Date

Oath (For Originals Only and Signature must be witnessed)

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

X

Signature of Applicant

Date

Signature of Coast Guard Official or Notary

Date

Section VII - Application Review

[Regional Exam Center Use Only]

Signature of Approving Official		REC	(Application has been reviewed on this date) Date
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Section VIII- License / MMD Issued

License Type (wording)		Document Rating	
Issue Number	Serial Number	Social Security Number	
Expiration Date		Expiration Date	
Signature of Issuing Official		Date	REC

Section IX - Duplicate Transactions

[National Maritime Center Use Only]

Name (First, Last Middle)		Social Security Number
Date of Birth	Place of Birth	
Citizenship	Date Naturalized	
Duplicate Number	Collect Additional Fee Op.	
Ratings/Endorsements Authorized		

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PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
 - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

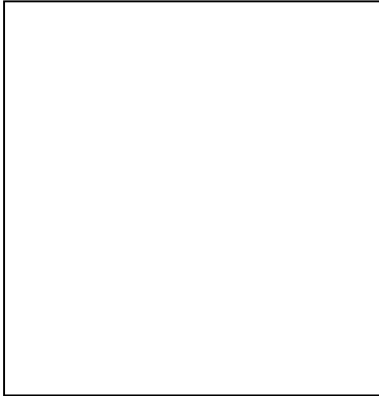
Camera Set-Up Form

(For Document Applicants Only)

Mariner's Name _____

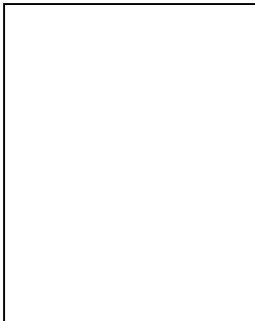
Social Security Number _____

Mariner's Picture

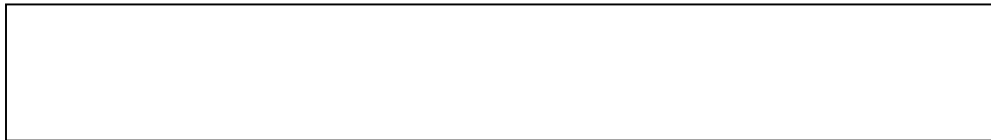


HELPFUL HINTS
<ol style="list-style-type: none">1. Passport size photo2. Full face, head uncovered (no hat)3. No glasses4. Photo must be taken within 1 year5. Print mariner name and social security number on back of photo

Mariner's Left Thumb Print



Mariner's Signature Here (Please sign your full signature using a medium to thick tipped black ink pen without touching any lines)



Name of Law Enforcement Agency _____

Signature _____



AUTHORIZATION FOR CREDIT CARD TRANSACTIONS

REGIONAL EXAM CENTER

DATE: _____

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

CARDHOLDERS NAME: _____

CREDIT CARD NUMBER:

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EXPIRATION DATE:

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AMOUNT OF CHARGE: \$ _____ TYPE OF CARD: ☐ Visa

CHECK ONE

☐ Master Card

CARDHOLDER SIGNATURE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

.....

DATE PROCESSED: _____ CASHIER'S INITIALS: _____ AUTHORIZATION NUMBER: _____